



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Pharmacy Bulletin 58
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TO: Pharmacies Participating in MassHealth
FROM: Mark E. Reynolds, Acting Commissioner
RE: **Prior Authorization for Celebrex in Dosages of 200 mg or More**

Background

To ensure that the most appropriate, efficacious, and cost-effective drugs are prescribed for and dispensed to MassHealth members, the Division of Medical Assistance, through its prior-authorization procedures, reviews the use of certain drugs. This bulletin details the criteria for dispensing Celebrex in dosages of 200 mg or more.

**PA Requirements
for Celebrex**

Celebrex (celecoxib capsules) is a non-steroidal anti-inflammatory drug (NSAID) used in the treatment of osteoarthritis and rheumatoid arthritis.

This drug exhibited a lower endoscopic ulcer rate in clinical trials and is being marketed as an NSAID that can be given, in most cases, without concomitant anti-ulcer medication.

Prescriptions for Celebrex require prior authorization under one or both of the following conditions:

- the dosage exceeds 200 mg per day; or
- there is concomitant use of anti-ulcer medication.

Celebrex may be appropriate for a patient with one or more of the following conditions:

- history of ulcer disease;
 - previous or active gastro-intestinal bleeding;
 - inability to tolerate other NSAIDs; or
 - potential for drug interaction with combined NSAID/anticoagulant therapy.
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Prior-Authorization

Prior authorization for drugs and devices dispensed by a pharmacy must be requested by the prescribing provider. The prescribing providers must complete a Request for Prior Authorization form or submit on his or her letterhead the information required in Subchapter 5 of his or her provider manual. The request must include the name, address, and telephone number of the pharmacy that will fill the prescription.

***Supplies of the
PA Form***

To obtain supplies of the Request for Prior Authorization form, send or fax a written request to the following address or fax number.

Unisys
ATTN: Forms Distribution
P.O. Box 9101
Somerville, MA 02145
Fax: (617) 576-4087

Questions

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.
